MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

13935

1. PLACE OF DEATH

County Buchannan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 517

City St. Joseph. (No. St. Joseph's Hospital. St. Ward)

2. FULL NAME Alois Joseph Zibung.

(a) Residence. No. 2722 Mulberry Street. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Agatha Zibung.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 18, 1855.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	74	0	6	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Carpenter (Retired)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Unknown.
(STATE OR COUNTRY) Switzerland.

PARENTS

10. NAME OF FATHER Alois J. Zibung.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown.
(STATE OR COUNTRY) Switzerland.

12. MAIDEN NAME OF MOTHER Unknown.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown.
(STATE OR COUNTRY) Switzerland.

14. INFORMANT Elizabeth M. Zibung.
(Address) 2722 Mulberry Street.

15. FILED APR 20 1929, 19 John G. Wh REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 12, 1929

17. I HEREBY CERTIFY, That I attended deceased from April 1, 1929, to April 18, 1929 that I last saw him alive on April 18, 1929, and that death occurred, on the date stated above, at 1. a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Adenoma of Thyroid — Topic

66 B Became Topic 6 mos ago.

92 A (duration) 40 yrs. mos. ds.

92 C CONTRIBUTORY (SECONDARY) Broncho Pneumonia — Mitral Stenosis

Chronic Myocarditis (duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Switzerland

DID AN OPERATION PRECEDE DEATH? yes DATE OF 15

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory Tests

(Signed) H. G. Thompson M.D.

April 18 1929 (Address) 835 Charles St. Joseph, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mount Olivet Cemetery.

DATE OF BURIAL Apr 22 1929

20. UNDERTAKER H. O. Sidenfaden

ADDRESS 1802 Union St.